L060000083039

(Requestor's Nan	ne)
(Address)	
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(City/State/Zip/Pt	none #)
PICK-UP WAIT	MAIL
(Business Entity	Name)
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DIVISION OF CORPORALISM

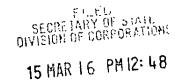
Chiefs

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Needles Properties		
(Name of Limi	ted Liability Cor	npany)
The enclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.
Please return all correspondence concerning to	this matter to:	
Andrew Needles		
(Contact Person)		_
BBF Contractors, LLC		
(Firm/Company)		_
5588 Martha's Mill Way		
(Address)		-
Pace, FL 32571		
(City/State and Zip Code)		-
For further information concerning this matter	er, please call:	
Andrew Needles	850	3779884
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to \$2.\$25 Filing Fee		Pepartment of State for: Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
Clifton Building		P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301		Tallahassee, Florida 32314

CR2E079 (2/14)





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as it appears on the records of the Florida Department dles Properties, LLC
2. The Florida doct L0600008303	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
4. I, Andrew Rog	hereby withdraw/resign as a lame of Person Resigning)
Managing Me	
	(Print Title)
resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Signature of Di	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)